Pharmacy First for Treatment of Shingles Service: Patient Consultation Form

Patient's name & address		**Pharmacy name & address**	
Patient's phone number		**Pharmacist's name**	
Age of Patient		**Date of consultation**	
GP Practice		**Did consultation take place on a Saturday or Sunday?**	**Yes ☐ No ☐**
		Is Consultation time after 6pm?	**Yes ☐ No ☐**

1. Initial assessment

The pharmacist makes an initial assessment of the patient referring to the service specification and PGDs and applies the exclusion criteria. **Patients aged 17 years and younger are excluded**.
Excluded patients should be referred to another appropriate healthcare professional e.g. GP, OOH medical services, ED

Patient referred to the service by: Self-referral ☐, Pharmacist ☐, GP practice ☐, OOHs ☐, Other ☐ specify_____

2. Consultation - assessment of the signs/symptoms of shingles

Patient has shingles and has presented within 72 hours of rash onset? Yes ☐	**Does the patient meet ANY of the following criteria?** **□ Aged 50 years & over** **□ Immunosuppressed*** **□ Non-truncal involvement (shingles affecting neck, limbs or perineum)** **□ Moderate or severe pain** **□ Moderate or severe rash (defines as confluent lesions)**
Patient has shingles, MORE than 72 hours and up to one week after rash onset? Yes ☐	**Does the patient meet ANY of the following criteria?** **□ Aged 70 years & over** **□ Immunosuppressed*** **□ Continued vesicle formation** **□ Severe pain** **□ High risk of severe shingles (e.g. severe atopic dermatitis / eczema)**
Patient has a shingles rash but has presented more than a week after rash onset Yes ☐	**□ Provide advice and leaflet. Do not supply antiviral treatment.**

Medicine(s) supplied

Antiviral supplied	Strength quantity and formulation	If Valaciclovir supplied tick reason	Other medicine(s) supplied	Strength quantity and formulation
Aciclovir		□ Patient is immunosuppressed* □ Aciclovir is unsuitable □ There is an adherence risk	Paracetamol	
Valaciclovir			Ibuprofen	

3. Provision of advice

*** For IMMUNOSUPPRESSED patients:**

☐ Offer treatment if appropriate; URGENTLY notify patient's GP/OOHs that antiviral has been supplied and request GP review

☐ Advise patient to attend ED or call 999 if symptoms worsen rapidly or they become systemically unwell, or the rash becomes severe or widespread

For ALL patients:

☐ Advise patient to attend GP/OOHs if symptoms worsen rapidly or significantly at any time

☐ Advise patients who have received antivirals to contact their GP/OOH if symptoms have not improved following completion of 7 days treatment course

British Association of Dermatologists (BAD) leaflet supplied: Yes ☐ Shingles vaccine advice provided (if appropriate) Yes☐

4. Referral to another healthcare professional (e.g. GP, OOHs, ED) Yes ☐ No☐

If Yes, referred to: GP ☐, OOHs ☐, ED ☐, Reason (please specify):

5. Patient declaration

The patient has confirmed they have: received advice and/or treatment listed above ☐ Understood that details of this consultation will be shared with GP practice, SPPG and MOIC ☐ **Patient/carer signature**